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DATE: April 27, 2004

TO: Commissioner for Patents
Attn: Examiner M. DeSanto
P.O. Box 1450
Alexandria, VA 22313-1450

FROM: David M. Crompton

OUR REF: 1001.1471101
TELEPHONE: 612-677-9050

Total pages, including cover letter:

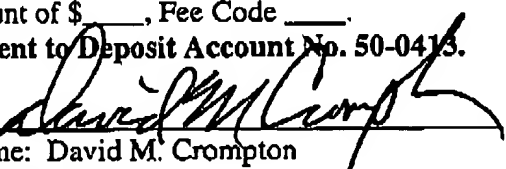
PTO FAX NUMBER: 703-872-9306

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Title of Document(s) Transmitted: Transmittal Letter, Petition Under 37 CFR § 1.181 to
Withdraw Finality of Office Action, and Amendment
with 1 page of attachment

Applicant: Ting Tine Ye et al.
Serial No.: 09/839,065
Filed: April 20, 2001
Group Art Unit: 3763
Our Ref. No.: 1001.1471101
Confirmation No.: 2367
Customer No.: 28075

Please charge Deposit Account No. 50-0413 in the amount of \$____, Fee Code ____.
Please charge any additional fees or credit overpayment to Deposit Account No. 50-0413.

By: 
Name: David M. Crompton
Reg. No. 36,772

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Name: Kathleen L. Boekley

April 27, 2004
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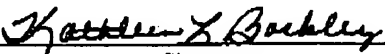
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ting Tina Ye et al. Confirmation No.: 2367
 Serial No.: 09/839,065 Examiner: M. DeSanto
 Filing Date: April 20, 2001 Group Art Unit: 3763
 Docket No.: 1001.1471101 Customer No.: 28075
 For: MICROCATHETER WITH IMPROVED DISTAL TIP AND TRANSITIONS

TRANSMITTAL SHEET

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

| | |
|---|--|
| CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8 (1)(B)) I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office at 703-872-9306 on the date shown below. <div style="text-align: center;"> <u>Kathleen L. Bockley</u> Type or print name of person signing certification </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>April 27, 2004</u> Date </div> </div> | |
|---|--|

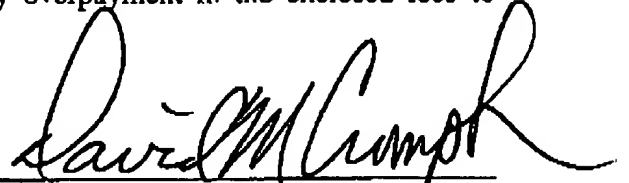
We are transmitting herewith the attached:

- [XX] Amendment After Final
 [XX] No additional claim fee required
 [] The claim fee has been calculated as shown:

| CLAIMS AS AMENDED | | | | | | | |
|------------------------------------|------------------|--------------|-------|--------------|-----------|---------|-----------|
| | (3) | (4) | (5) | SMALL ENTITY | | OTHER | |
| | REMAINING CLAIMS | HIGHEST PAID | EXTRA | RATE | ADD'L FEE | RATE | ADD'L FEE |
| TOTAL CLAIMS | - | = | | X 9= | \$ | X 18= | \$ |
| INDEPENDENT CLAIMS | - | = | | X 43= | \$ | X 86= | \$ |
| () FIRST MULTIPLE DEPENDENT CLAIM | | | | + 145 = | \$ | + 290 = | \$ |
| TOTAL | | | | \$ | | \$ | |

- [] A check in the amount of \$ _____ is enclosed. Itemization:
Fee Code _____ \$
Fee Code _____ \$
Fee Code _____ \$
- [] Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.
- [XX] Other: ONE (1) MERRIAM-WEBSTER ONLINE DICTIONARY PAGE, AND PETITION UNDER 37 CFR § 1.181 TO WITHDRAW FINALITY OF OFFICE ACTION.
- [XX] Return Receipt Postcard (MPEP 503).
- [XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By:


David M. Crompton, Reg. No. 36,772

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